Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MARYLAND		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check amen

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yours	self	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that your government-is	Lottion	First name
picture identification example, your drive license or passport	er's Evonne	
Bring your picture	Purvis	Middle name
identification to you meeting with the tru	Last name and Cuffix (Cr. Jr. II III)	Last name and Suffix (Sr., Jr., II, III)
All other names you used in the last 8 years.	_{years} Eve Purvis	
Include your marrie maiden names.	Esther Purvis-Allen	
3. Only the last 4 dig your Social Securi number or federal Individual Taxpaye Identification num (ITIN)	ity xxx-xx-7497 er	
Identification num	er	

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Debtor 1 Esther Evonne Purvis

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs	_
5.	Where you live	2 Cedar Heights Court Apt C Gwynn Oak, MD 21207	If Debtor 2 lives at a different address:	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code	
		Baltimore		
		County	County	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fil in here. Note that the court will send any notices to this mailing address.	l it
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code	
6.	Why you are choosing this district to file for	Check one:	Check one:	
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
				_

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7						
	choosing to file under							
		☐ Chap	ter 11					
		☐ Chap	ter 12					
		☐ Chap	ter 13					
8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk' about how you may pay. Typically, if you are paying the fee yourself, you may order. If your attorney is submitting your payment on your behalf, your attorne a pre-printed address.						urself, you may pay with cash, cashier's chec	ck, or money	
					ments. If you choose this optic Official Form 103A).	on, sign and attach the Application for Individu	ıals to Pay	
		□ I re	equest that t is not rec	at my fee be waive uired to, waive you	ed (You may request this option ur fee, and may do so only if yo	n only if you are filing for Chapter 7. By law, a ur income is less than 150% of the official po	verty line that	
						n installments). If you choose this option, you cial Form 103B) and file it with your petition.	must fill out	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
	lact o youro.	□ 163.	District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	□ No.	Go to	ine 12.				
		Yes.	Has yo	our landlord obtaine	ed an eviction judgment agains	t you?		
				No. Go to line 12.				
				V 50 1-20-	LOGICA CONTRACTOR TO SECTION	Judgment Against You (Form 101A) and file it	20. 0.25	

Debtor 1 Esther Evonne Purvis

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Deb	tor 1 Esther Evonne Pu	ırvis			Case number (if known)	
Par	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor	
12. Are you a sole proprietor of any full- or part-time business? ■ No			Go to	Part 4.		
		☐ Yes.	Name	and location of bus	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	proprietorship is a ss you operate as Vidual, and is not a te legal entity such propration,		Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code	
	it to this petition.		Checi	k the appropriate bo	ox to describe your business:	
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13.	Chapter 11 of the Bankruptcy Code and are		s. If you in is, cash-fl .C. 1116(dicate that you are ow statement, and f 1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs			liate attention is why is it needed?		
	immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		·	s the property?		
					Number, Street, City, State & Zip Code	

Debtor 1 Esther Evonne Purvis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Esther Evonne Pu	ırvis		Case number	er (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumindividual primarily for a persona		lebts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ly, or household purpose."			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe t	that are not consumer debts or busines	ss debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. Do y are paid that funds will be availal	ou estimate that after any exempt prop ble to distribute to unsecured creditors	erty is excluded and administrative expenses?			
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do ■ 1-49			□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	■ 1-49 □ 50-99		☐ 5001-10,000	☐ 50,001-100,000			
	owe?	☐ 100-1		□ 10,001-25,000	☐ More than100,000			
		200-9	99					
19.	How much do you	\$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		— \$500,						
20.	How much do you estimate your liabilities	\$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
		_	001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Dom	Cian Dalam							
Par		l boyo oy	raminad this natition, and I dealers	under penalty of perium, that the inform	notion provided in true and correct			
FOI	you		•	e under penalty of perjury that the inforr	·			
		If I have of United S	chosen to file under Chapter 7, I a cates Code. I understand the relief	m aware that I may proceed, if eligible, available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.			
				pay or agree to pay someone who is no otice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this			
		I request	relief in accordance with the chap	oter of title 11, United States Code, spe	cified in this petition.			
		bankrupt and 3571	cy case can result in fines up to \$2		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		Esther	Evonne Purvis e of Debtor 1	Signature of Debto	r 2			
		Executed	d on July 25, 2019	Executed on				
			MM / DD / YYYY		I/DD/YYYY			

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Debtor 1 Esther Evonne Purvis	Case number (if known)	
-------------------------------	------------------------	--

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David L	Ruben	Date	July 25, 2019	
Signature of	Attorney for Debtor		MM / DD / YYYY	
5 5	10477			
David L. R	Ruben 10477			
Printed name				
Law Office	es of David L. Ruben			
Firm name				
7310 Ritch	nie Highway			
704	5			
Glen Burn	ie, MD 21061			
Number, Street,	City, State & ZIP Code			
Contact phone	410-766-4044	Email address	sue@rubenlaw.com	
10477 MD				
Bar number & S	tate			

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Fill	in this inforn	nation to identify your	case:			
	otor 1	Esther Evonne P				
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bai	nkruptcy Court for the:	DISTRICT OF MARYLAND			
		, ,				
	se number				_	t if this is an ded filing
						G
∩f	ficial Fo	rm 106Sum				
			and Liabilities and	Certain Statistical Information		12/15
Be a	ns complete a	and accurate as possib out all of your schedul	ole. If two married people are es first; then complete the i	e filing together, both are equally responsible f nformation on this form. If you are filing amend		
		•	new <i>Summary</i> and check th	e box at the top of this page.		
Par	t 1: Summa	arize Your Assets				
					Your a	ssets of what you own
1.	Schedule A 1a. Copy line	/B: Property (Official Forest Fores	orm 106A/B) rom Schedule A/B		\$	0.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B		\$	6,271.00
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		\$	6,271.00
Par	t 2: Summa	arize Your Liabilities				
					Your li	abilities
					Amoun	t you owe
2.			laims Secured by Property (Omn A, Amount of claim, at the	fficial Form 106D) bottom of the last page of Part 1 of <i>Schedule D</i>	\$	10,419.00
3.			Unsecured Claims (Official Fo	orm 106E/F) from line 6e of <i>Schedule E/F</i>	\$	2,500.00
	3b. Copy th	e total claims from Part	2 (nonpriority unsecured clain	ns) from line 6j of Schedule E/F	\$	27,422.82
				Your total liabilities	\$	40,341.82
Par	t 3: Summ	arize Your Income and	Expenses			
4.		Your Income (Official Fo			\$	5,377.97
5.		Your Expenses (Official nonthly expenses from li			\$	6,062.94
Par	t 4: Answe	r These Questions for	Administrative and Statistic	cal Records		
6.	-	• • •	er Chapters 7, 11, or 13?	ck this box and submit this form to the court with yo	ur other sch	nedules
	_	a navo notiling to report	on this part of the form. Offec	and box and submit this form to the court with ye	wi oui o i 301	iodulos.
7.	■ Yes What kind o	of debt do you have?				
				ts are those "incurred by an individual primarily for or statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
		ebts are not primarily art with your other sched		nothing to report on this part of the form. Check thi	s <i>box</i> and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Esther Evonne Purvis

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,295.97

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Book 4 on Only duly E/E consults following	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	2,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	2,500.00

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	Case 19-2	.0007 DOC 1 Tiled 07/23/19 18	age 10 01 40	
Fill in this in	nformation to identify your case a	nd this filing:		
Debtor 1	Esther Evonne Purvis			
	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name Last Name		
United States	s Bankruptcy Court for the: DISTI	RICT OF MARYLAND		
Case numbe	er			☐ Check if this is an amended filing
				amenaea ming
Official	Form 106A/B			
		•		
	ule A/B: Property			12/15
think it fits bes	st. Be as complete and accurate as permore space is needed, attach a separe	 List an asset only once. If an asset fits in more than or ossible. If two married people are filing together, both ar rate sheet to this form. On the top of any additional page 	e equally responsible for s	supplying correct
Part 1: Desc	ribe Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
1. Do you own	or have any legal or equitable intere	st in any residence, building, land, or similar property?		
= 11	D 10			
■ No. Go to	o Part 2. Here is the property?			
☐ res. wii	lere is the property?			
_				
Part 2: Desc	ribe Your Vehicles			
□ No ■ Yes				
3.1 Make:	Chevy	Who has an interest in the property? Check one		claims or exemptions. Put
Model:		Debtor 1 only		red claims on Schedule D: aims Secured by Property.
Year:	2013	Debtor 2 only	Current value of the	Current value of the
	ximate mileage: 130,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Car	information:	☐ At least one of the debtors and another		
		☐ Check if this is community property	\$4,770.00	\$4,770.00
value	from kbb.com	(see instructions)		
Examples: No Yes Add the c	Boats, trailers, motors, personal wa	nd other recreational vehicles, other vehicles, and atercraft, fishing vessels, snowmobiles, motorcycle active active active and the state of the st	ccessories	\$4,770.00
Part 3: Desc	ribe Your Personal and Household It	oms	<u> </u>	
		terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

D	ebtor 1	Esther Evonne Purvis	Case number (if known)	
6.		old goods and furnishings les: Major appliances, furniture, linens, china, kitchenware		
	□ No			
	Yes.	Describe		
		All household goods and furniture	- Couch Tables Chairs Bed	
		Lamp, Microwave, Sivlerware, Disl		\$400.00
7.	Electron Example		equipment; computers, printers, scanners; music collections; electro	onic devices
	□ No ■ Yes	Describe		
	_ 100.	Cellphone, TV's, Stereo, DVD Playe	er. Macbook	\$250.00
_		<u> </u>		,
8.	Example ■ No	bles of value les: Antiques and figurines; paintings, prints, or other artwork other collections, memorabilia, collectibles Describe	; books, pictures, or other art objects; stamp, coin, or baseball card	collections;
_				
9.	Example _	ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipments musical instruments	ent; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carp	entry tools;
	■ No □ Yes.	Describe		
10	. Firearn Examp	ns <i>oles:</i> Pistols, rifles, shotguns, ammunition, and related equip	ment	
	■ No □ Yes.	Describe		
11	. Clothes Examp □ No	s oles: Everyday clothes, furs, leather coats, designer wear, sh	noes, accessories	
	Yes.	Describe		
		Clothing owned by debtor		\$300.00
12	□ No ´	y bles: Everyday jewelry, costume jewelry, engagement rings, Describe	wedding rings, heirloom jewelry, watches, gems, gold, silver	
		Misc. Jewelry		\$400.00
13	Examp ☐ No	arm animals bles: Dogs, cats, birds, horses		
	■ Yes.	Describe		
		1 Service Dog		\$1.00
14	. Any otl ■ No	her personal and household items you did not already li	st, including any health aids you did not list	

 $\hfill \square$ Yes. Give specific information.....

Case 19-20007 Doc 1 Filed 07/25/19 Page 12 of 48

Debto	Esther Evonne Purvis			Case number	(if known)	
	Add the dollar value of all of your entricor Part 3. Write that number here			s you have atta	ched	\$1,351.00
Part 4:	Describe Your Financial Assets					
	u own or have any legal or equitable i	nterest in any of th	ne following?		po Do	ortion you own? ontion deduct secured aims or exemptions.
I	xamples: Money you have in your wallet,			d when you file y	our petition	
	eposits of money xamples: Checking, savings, or other fina institutions. If you have multiple No			credit unions, br	okerage houses,	and other similar
	Yes	In	stitution name:			
	17.1. Checki	Eı	hecking account at Bank nding in 4346 alance as of 6/12/19	of America		\$0.00
19. No jo ∏	on-publicly traded stock and interests int venture	n	nd unincorporated business	es, including a		LC, partnership, and
	Allen Devel Not operati	•	assets, No income,	50	%	\$0.00
N N ■ 1	overnment and corporate bonds and o legotiable instruments include personal ch on-negotiable instruments are those you No Yes. Give specific information about them Issuer name:	necks, cashiers' che cannot transfer to s	ecks, promissory notes, and n	noney orders.		
<i>E</i> :	etirement or pension accounts xamples: Interests in IRA, ERISA, Keogh No Yes. List each account separately. Type of account		ift savings accounts, or other	pension or profi	t-sharing plans	
Yo	ecurity deposits and prepayments our share of all unused deposits you have xamples: Agreements with landlords, pre	e made so that you	may continue service or use			others
_	งo Yes	In	stitution name or individual:			
	Utility	В	GE Deposit			\$150.00
			•			

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

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De	ebtor 1	Esther Ev	onne Purvis	Case number (if known)	
	□ Yes		Issuer name and description.		
24.	26 U.S.0		ation IRA, in an account in a qualified ABLE pr 1), 529A(b), and 529(b)(1).	ogram, or under a qualified state tuition progra	n.
	■ No □ Yes		Institution name and description. Separately file t	he records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or	r future interests in property (other than anythin	ng listed in line 1), and rights or powers exercis	able for your benefit
	☐ Yes.	Give specific	information about them		
26.			s, trademarks, trade secrets, and other intellect domain names, websites, proceeds from royalties		
		Give specific	information about them		
	Examp ■ No	oles: Building	es, and other general intangibles permits, exclusive licenses, cooperative association	on holdings, liquor licenses, professional licenses	
	⊔ Yes.	Give specific	c information about them		
M	oney or p	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed t	o you		
	☐ Yes. 0	Give specific	information about them, including whether you alre	eady filed the returns and the tax years	
29.		support bles: Past due	or lump sum alimony, spousal support, child supp	ort, maintenance, divorce settlement, property sett	lement
	■ No				
	☐ Yes. 0	Give specific	information		
30.	Examp	<i>les:</i> Unpaid w	neone owes you vages, disability insurance payments, disability ber unpaid loans you made to someone else	nefits, sick pay, vacation pay, workers' compensati	on, Social Security
	■ No □ Yes.	Give specific	information		
31.	_Examp	ts in insuran bles: Health, d	ace policies disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insurance	
	■ No	Nama tha ina	surance company of each policy and list its value.		
	□ res.i	name me ins	Company name:	Beneficiary:	Surrender or refund value:
32.	If you a		perty that is due you from someone who has di iciary of a living trust, expect proceeds from a life in	ed surance policy, or are currently entitled to receive	property because
	■ No □ Yes.	Give specific	information		
	Examp		d parties, whether or not you have filed a lawsurs, employment disputes, insurance claims, or right		
	■ No □ Yes.	Describe eac	ch claim		
34.	Other c	ontingent ar	nd unliquidated claims of every nature, includir	ng counterclaims of the debtor and rights to set	off claims
		Describe eac	ch claim		

Official Form 106A/B Schedule A/B: Property page 4

Deb	tor 1 Esther Evonne Purvis		Case number (if known)	
	Any financial assets you did not already list			
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here			\$150.00
Part	5: Describe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	ite in Part 1.	
	o you own or have any legal or equitable interest in any business-relation. Go to Part 6.	ted property?		
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46. [Oo you own or have any legal or equitable interest in any farm	- or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No	?		
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
	Part 2: Total vehicles, line 5	\$4,770.00		V 2122
57.	Part 3: Total personal and household items, line 15	\$1,351.00		
58.	Part 4: Total financial assets, line 36	\$150.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$6,271.00	Copy personal property total	\$6,271.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$6,271.00

Official Form 106A/B Schedule A/B: Property page 5

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Debtor 1	Esther Evonne	e Purvis		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
Case number				☐ Check if this is a

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption					
	, , , , , , , , , , , , , , , , , , , ,	Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	All household goods and furniture-	\$400.00		\$400.00	Md. Code Ann., Cts. & Jud.				
	Couch, Tables, Chairs, Bed, Lamp, Microwave, Sivlerware, Dishes, Cookware, Vacuum, Iron Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	Proc. § 11-504(b)(4)				
	Cellphone, TV's, Stereo, DVD Player,	\$250.00		\$250.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)				
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit					
	Clothing owned by debtor Line from Schedule A/B: 11.1	\$300.00		\$300.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)				
	Line Irom Schedule AVD. 1111			100% of fair market value, up to any applicable statutory limit	1100. 3 11 00-(0)(4)				
	Misc. Jewelry	\$400.00		\$400.00	Md. Code Ann., Cts. & Jud.				
	Line from Schedule A/B: 12.1			100% of fair market value, up to	Proc. § 11-504(f)(1)(i)(1)				

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$1.00

1 Service Dog

Line from Schedule A/B: 13.1

\$1.00

Md. Code Ann., Cts. & Jud.

Proc. § 11-504(b)(4)

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Debtor	1 Esther Evonne Purvis	Case number (if known)					
	ief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption			
	tility: BGE Deposit	\$150.00	\$150.00	Md. Code Ann., Real Prop. § 8-203(d)(3)(ii)			
LII	ie nom <i>Schedule Avb.</i> 22.1		☐ 100% of fair market value, up to any applicable statutory limit	0 200(a)(a)(ii)			
	re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every			t.)			
	No						
	Yes. Did you acquire the property cover	red by the exemption wi	thin 1,215 days before you filed this case?				
	□ No						
	☐ Yes						

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	Cas	e 19-20007 Doc 1 Tile	u 011231	19 Tage II	01 40	
Fill in this informat	tion to identify you	ır case:				
Debtor 1	Esther Evonne	Purvis				
_	First Name		ast Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Li	ast Name			
United States Bankr	uptcy Court for the	DISTRICT OF MARYLAND				
Case number (if known)					_	if this is an ded filing
Official Form	106D					
Schedule D	: Creditors	Who Have Claims Se	ecured	by Property	/	12/15
		If two married people are filing together, out, number the entries, and attach it to t				
1. Do any creditors ha	ve claims secured b	y your property?				
□ No. Check th	is box and submit t	his form to the court with your other sch	hedules. You	ı have nothing else to	report on this form.	
Yes. Fill in all	l of the information	below.				
Part 1: List All S	ecured Claims					
		more than one secured claim, list the credito		Column A	Column B	Column C
much as possible, list t	he claims in alphabeti	s a particular claim, list the other creditors in cal order according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Santander C	Consumer	Describe the property that secures the	claim:	\$10,419.00	\$4,770.00	\$5,649.00
Creditor's Name		2013 Chevy Cruze 130,000 mile Car	es			
Attn: Bankru		value from kbb.com As of the date you file, the claim is: Che	ck all that			
Po Box 9612 Fort Worth,	-	apply. Contingent				
	y, State & Zip Code	☐ Unliquidated				
Who owes the debt?	? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as mor car loan)	tgage or secu	red		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
☐ At least one of the o		☐ Judgment lien from a lawsuit				
Check if this claim community debt	n relates to a	Other (including a right to offset)	on-Purcha	se Money Securit	у	
	Opened 03/13 Last					
Date debt was incurre	Active 2/07/19	Last 4 digits of account number	1000			
Add the dollar value	e of your entries in C	column A on this page. Write that number	here:	\$10,41	9.00	
	ge of your form, add	the dollar value totals from all pages.		\$10,41		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	0400	10 20001 500 1	1 1100 017207	10 1 ago 10	01 10		
Fill in this infor	mation to identify your o	case:					
Debtor 1	Esther Evonne Pu	rvie					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAN	ND				
Case number							
(if known)						Check if this is	s an
						amended filing	g
Official Form	∞ 106E/E						
Official Form		ha Haya Huaaay	rad Claima			40	IA E
		ho Have Unsecu Part 1 for creditors with PF					/15
Schedule D: Credi	tors Who Have Claims Secuntinuation Page to this page	red Leases (Official Form 10 ured by Property. If more spa e. If you have no information	ace is needed, copy the	Part you need, fill it ou	it, number the	entries in the bo	oxes on the
Part 1: List A	All of Your PRIORITY Un	secured Claims					
1. Do any credit	ors have priority unsecured	d claims against you?					
☐ No. Go to F	Part 2.						
Yes.							
identify what ty possible, list th	ype of claim it is. If a claim ha ne claims in alphabetical orde	 If a creditor has more than of s both priority and nonpriority a r according to the creditor's na rticular claim, list the other creditor. 	amounts, list that claim he ame. If you have more tha	ere and show both priorit	ty and nonprior	ity amounts. As m	uch as
(For an explan	nation of each type of claim, s	ee the instructions for this forn	n in the instruction bookle				
				Total claim	Priority amount	Nonpr amou	•
2.1 Compt	roller of Maryland	Last 4 digits of	account number	\$0.0		\$0.00	\$0.00
	reditor's Name				~		
	Office Building	When was the d	lebt incurred?		_		
301 W. Room 2	Preston Street						
	ore, MD 21201						
	Street City State Zip Code	As of the date y	ou file, the claim is: Ch	eck all that apply			
Who incurre	ed the debt? Check one.	☐ Contingent					
Debtor 1	only	☐ Unliquidated					
Debtor 2	only	☐ Disputed					
Debtor 1	and Debtor 2 only		TY unsecured claim:				
	one of the debtors and anothe	r Domestic sup	port obligations				
☐ Check if	this claim is for a commun	ity debt Taxes and ce	ertain other debts you owe	e the government			
	subject to offset?		ath or personal injury whi				
■ No	•		у	-			
☐ Yes		= 0.1101. Opcon	,				

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Debte	or 1 Esther Evonne Purvis	Case number (if known)				
2.2	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	\$2,500.00	\$0.00	\$2,500.00	
	Insolvency Unit 31 Hopkins Plaza Room 1150 Baltimore, MD 21201	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply			
,	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
	At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts you	owe the government			
	Is the claim subject to offset?	☐ Claims for death or personal injury	_			
	■ No	☐ Other. Specify				
	☐ Yes	2017 Federal				
4. Li	Yes. ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.	aim. For each claim listed, identify what t	ype of claim it is. Do not list claims already ir	ncluded in Par le Continuation	rt 1. If more n Page of	
				Total clair		
4.1	AAFES Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 12/12 Last Active 2/01/19 s: Check all that apply		\$4,148.00	
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Charge Acc				
	· · · · · · · · · · · · · · · · · · ·	Other. Opcomy		_		

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Debtor	1 Esther Evonne Purvis	Case number (if known)				
4.2	Amerimark Premier	Last 4 digits of account number	804A	\$487.00		
	Nonpriority Creditor's Name AmeriMark Customer Service 6864 Engle Road Cleveland, OH 44130	When was the debt incurred?	Opened 10/16 Last Active 9/11/17			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7837	\$508.00		
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/15 Last Active 1/16/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.4	City of Salisbury Nonpriority Creditor's Name N2930 State Road 22	Last 4 digits of account number When was the debt incurred?	0932	\$790.80		
	Wautoma, WI 54982	_				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Medical Bill	l			

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Debto	Esther Evonne Purvis		Case number (if known)	
4.5	Credit One Bank	Last 4 digits of account number	4054	\$576.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	Opened 07/17 Last Active 1/02/19	
	Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim.	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.6	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	6010	\$1,134.00
	Attn: Bankruptcy Department Po Box 15316	When was the debt incurred?	Opened 09/12 Last Active 3/15/19	
	Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	l	
4.7	Fingerhut Nonpriority Creditor's Name	Last 4 digits of account number	0399	\$4,099.00
	Attn: Bankruptcy Po Box 1250	When was the debt incurred?	Opened 11/12 Last Active 2/01/19	
	Saint Cloud, MN 56395 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	o plans, and other similar debts	
	☐ Yes	Other, Specify Charge Acceptage		
	55	- Unier Specify Charge No.		

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Debtor	1 Esther Evonne Purvis		Case number (if known)	
4.8	First Premier Bank	Last 4 digits of account number	7942	\$823.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 08/13 Last Active 1/16/19 s: Check all that apply	
	Who incurred the debt? Check one. ■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	
	Yes	Other. Specify Credit Card		
4.9	First Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number	2563	\$507.00
	Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	Opened 04/15 Last Active 1/16/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	l claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans	ration agreement or divorce that you did not	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Mason Easy-Pay Nonpriority Creditor's Name PO BOX 2808	Last 4 digits of account number When was the debt incurred?	8602	\$220.19
	Monroe, WI 53566 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	I claim: ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc	• •	

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Debto	Esther Evonne Purvis		Case number (if known)	
4.1	National Deceyory Agency		7450	¢695.00
1	National Recovery Agency Nonpriority Creditor's Name	Last 4 digits of account number	7450	\$685.00
	Attn: Bankruptcy Po Box 67015	When was the debt incurred?	Opened 10/18	
	Harrisburg, PA 17106			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Delmarva Power	
4.1	New York University Physician Services	Last 4 digits of account number	9964	\$7,185.00
	Nonpriority Creditor's Name PO Box 415662 Boston, MA 02241	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.1	Peninsula Regional Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	4051	\$111.83
	PO Box 826874 Philadelphia, PA 19182	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other, Specify Medical Bil	I	

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Debt	or 1 Esther Evonne Purvis		Case number (if known)	
4.1	Providence Holy Family Hospital	Look 4 digito of populat number		\$900.00
4	Nonpriority Creditor's Name 5633 N Lidgerwood St	Last 4 digits of account number When was the debt incurred?		Ψ900.00
	Spokane, WA 99208 Number Street City State Zip Code	As of the date you file, the claim	S: Check all that apply	
	Who incurred the debt? Check one.	, , 	on one and apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.1 5	Real Time Resolutions	Last 4 digits of account number	8314	\$2,002.00
	Nonpriority Creditor's Name		One and 04/45 Least Active	
	Attn: Bankruptcy Po Box 36655	When was the debt incurred?	Opened 01/15 Last Active 7/18/13	
	Dallas, TX 75235	when was the dest mounted.		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Check N Go	
4.1	Richmond Emerg Med Assoc, PLLC	Last 4 digits of account number	4176	\$1,564.00
0]	Nonpriority Creditor's Name PO Box 80254	When was the debt incurred?		
	Philadelphia, PA 19101 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane, and other circiles debte	
	No	Debts to pension or profit-sharir		
	☐ Yes	Other Specify Medical Bil	l	

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Debtor	1 Esther Evonne Purvis		Case number (if known)	
4.1 7	Richmond Medical Center	Last 4 digits of account number	6242	\$1,286.00
	Nonpriority Creditor's Name PO Box 11566 Newark, NJ 07101	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.1 8	Target	Last 4 digits of account number	7547	\$320.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9475	When was the debt incurred?	Opened 11/12 Last Active 1/02/19	
	Minneapolis, MN 55440	- Acceptance of the standard		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	O continuent		
	_	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a olami.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other Specify Credit Card	<u> </u>	
4.1	Valley Empire Collection	Last 4 digits of account number	7739	\$76.00
	Nonpriority Creditor's Name		One and 0/44/47	
	Attn: Bankruptcy Po Box 141248	When was the debt incurred?	Opened 9/11/17	
	Spokane Valley, WA 99214			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane, and other similar debt-	
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify 10 Avista U	tilities	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Esther Evonne Purvis

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,500.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,500.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,422.82
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 27,422.82

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Fill in this infor	mation to identify your	case:		
Debtor 1	Esther Evonne Po	urvis		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLA	ND	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	-				
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

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	Gabo	10 20001 100	1 11100 0172071	0 1 ago 20 01 10	
Fill in thi	s information to identify your	case:			
Debtor 1	Esther Evonne P	urvis			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Case nun (if known)	nber				Check if this is an amended filing
	al Form 106H dule H: Your Cod	chtors			42/45
Sche	aule H: Your Cod	eptors			12/15
2. Wi Arizo No Ye 3. In Co in lin Form	thin the last 8 years, have youna, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spouts blumn 1, list all of your codeb e 2 again as a codebtor only 106D), Schedule E/F (Officia	u lived in a community p , Nevada, New Mexico, Pu use, or legal equivalent liv tors. Do not include your if that person is a guarar	roperty state or territory uerto Rico, Texas, Washi e with you at the time?	/? (Community property states an	ı. List the person shown r on Schedule D (Official
	Column 1: Your codebtor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)	Column 2: The creditor to w	•
	Name, Number, Street, City, State and Z	IP Code		Check all schedules that appl	
3.1	Name			_ □ Schedule D, line □ Schedule E/F, line □ Schedule G, line □	
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line	
				☐ Schedule E/F, line ☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	

	in this information to identify yo									
Del	btor 1 Esther E	vonne Purvis			_					
	btor 2				_					
Uni	ited States Bankruptcy Court fo	r the: DISTRICT OF MARY	LAND		_					
1	se number		-			□ A □ A		ed filing ent showin	g postpetition	
0	fficial Form 106l					M	M / DD/ Y	/YYY		
S	chedule I: Your II	ncome								12/1
spo atta	plying correct information. If use. If you are separated and ich a separate sheet to this for the control of th	your spouse is not filing w rm. On the top of any additi	ith you, do not inclu	de inforr	natio	on about	your sp	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job	Employment status	☐ Employed				☐ Empl	oyed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed				☐ Not e	mployed		
		Occupation	Disabled Vetera	ın						
	Include part-time, seasonal, c self-employed work.	Employer's name								
	Occupation may include stude or homemaker, if it applies.	ent Employer's address								
		How long employed t	here?				_			
Pai	rt 2: Give Details About	Monthly Income								
	imate monthly income as of the use unless you are separated.	ne date you file this form. If	you have nothing to r	eport for	any I	ine, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spouse hav e space, attach a separate shee		ombine the informatio	n for all e	emplo	yers for	that perso	on on the li	nes below. If	you need
						For Dek	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, deductions). If not paid mont			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly o	vertime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Ad	dd line 2 + line 3.		4.	\$		0.00	\$	N/A	

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Deb	tor 1	Esther Evonne Purvis	-	С	ase number (i	if known)				
					For Debtor		no	r Debtor n-filing s	spouse	
	Cop	by line 4 here	4.		\$	0.00	\$_		N/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	0.00	\$		N/A	ı
	5b.	Mandatory contributions for retirement plans	5b	٠.	\$	0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$_		N/A	_
	5e.	Insurance	5e		\$ \$	0.00	\$_		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f. 5g		\$	0.00	\$_ \$		N/A N/A	_
	5g. 5h.	Other deductions. Specify:	5h		\$	0.00			N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ \$	0.00	\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 	0.00	Ψ_ \$		N/A	_
			7.	•	Φ	0.00	Φ_		IN/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90		¢	0.00	¢		N/A	
	8b.	Interest and dividends	8a 8b		\$ \$	0.00	\$_ \$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		•	Ψ	0.00	Ψ_		N/A	_
		settlement, and property settlement.	8c		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d	l.	\$	0.00	\$		N/A	<u> </u>
	8e.	Social Security	8e	٠.	\$ 1,0	82.00	\$		N/A	<u>. </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA Benefits	8f.		\$ 4,2	95.97	\$		N/A	
	8g.	Pension or retirement income	8g	١.	\$	0.00	\$		N/A	<u> </u>
	8h.	Other monthly income. Specify:	_ 8h	.+	\$	0.00	+ \$_		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,3	77.97	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	5,377.9	7 + \$		N/A	= \$	5,377.97
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	0,011.0			19/5		0,011.01
11.	State Included the other Double	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe				-	Schedule	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						e. 12.	\$Combi	5,377.97
13.	Do :	you expect an increase or decrease within the year after you file this form	?							nea ly income
		No.								
	П	Yes, Explain:								

Official Form 106l Schedule I: Your Income page 2

	in their informs	4: 4- : - 4:6 · · · ·					1			
	in this informa	tion to identify yo	our case:							
Deb	tor 1	Esther Evon	ne Purvis					ck if this is:		
Deb	tor 2							An amended filing A supplement show	ving postpetition cha	nter
	ouse, if filing)							13 expenses as of		,
Unit	ed States Bankr	uptcy Court for the	: DISTRIC	T OF MARYLAND)			MM / DD / YYYY		
	e number nown)									
	((: -: - 1 - -	400 l								
		rm 106J								
		J: Your								12/15
info	rmation. If m		eded, attac	h another sheet t					or supplying correct your name and case	
Par	t 1: Descr	ibe Your House	hold							
1.	Is this a joir	nt case?								
	No. Go to	line 2.								
	☐ Yes. Doe	s Debtor 2 live i	in a separat	te household?						
		_								
	ШY	es. Debtor 2 mus	st file Official	I Form 106J-2, <i>Ex</i>	penses fo	or Separate House	ehold of Deb	otor 2.		
2.	Do you have	e dependents?	□ No							
	Do not list Do Debtor 2.	ebtor 1 and	V A C	Fill out this information each dependent		Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state	the							■ No	
	dependents	names.				Mother		67	☐ Yes	
									□ No	
									☐ Yes	
									□ No	
									□ Yes □ No	
									□ No □ Yes	
3.	Do your exp	enses include	.	No.					□ res	
	expenses of	f people other t d your depende								
Par	t 2: Estim	ate Your Ongoi	ng Monthly	Expenses						
exp									pter 13 case to rep f the form and fill in	
Incl	luda avnansa	e naid for with I	non-cash a	overnment assist	tance if v	vou know				
				uded it on <i>Sched</i>						
(Off	ficial Form 10	6 1.)					-	Your expe	enses	
4.		or home owners		es for your reside	ence. Inc	lude first mortgage	e 4. :	\$	935.00	
		led in line 4:	,							
								_		
		estate taxes					4a.		0.00	
	•	rty, homeowner's					4b. 3		21.00	
		maintenance, re owner's associat					4c. 3 4d. 3		0.00	
5.				ır residence, such	n as hom	e equity loans	5.	· ———	0.00	

Debto	Esther Evonne Purvis	Case num	ber (if known)	
S.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	225.00
	6b. Water, sewer, garbage collection	6b.	\$	45.00
(6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	386.00
(6d. Other. Specify:	6d.	\$	0.00
.	Food and housekeeping supplies		\$	425.00
	Childcare and children's education costs	8.	\$	0.00
. (Clothing, laundry, and dry cleaning	9.	\$	50.00
).	Personal care products and services	10.	\$	150.00
.	Medical and dental expenses	11.	\$	350.00
2.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.		450.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
١. ا	Charitable contributions and religious donations	14.	\$	150.00
	nsurance.		-	
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	·	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.	·	225.00
	15d. Other insurance. Specify:	15d.	\$	0.00
S. '	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
;	Specify:	16.	\$	0.00
	nstallment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	·	598.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
3.	Your payments of alimony, maintenance, and support that you did not report as			
(deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
9.	Other payments you make to support others who do not live with you.		\$	300.00
	Specify: Payments to disabled Mother Other real property expenses not included in lines 4 or 5 of this form or on Sche	19. dule I: Yo	our Income	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance		\$	0.00
	20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeen expenses	20c.	·	0.00
	20d. Maintenance, repair, and upkeep expenses	20c. 20d.	\$	0.00
:	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	20c. 20d. 20e.	\$	0.00 0.00
:	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta	20c. 20d.	\$ \$ +\$	0.00 0.00 1,082.00
: : :	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership	20c. 20d. 20e.	\$ \$ +\$ +\$	0.00 0.00 1,082.00 80.00
: : !. <u>!</u>	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance	20c. 20d. 20e.	\$ \$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00
1. · · · · · · · · · · · · · · · · · · ·	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care	20c. 20d. 20e.	\$ \$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00
1. · · · · · · · · · · · · · · · · · · ·	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99
1. · · · · · · · · · · · · · · · · · · ·	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36
. !!	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36
11.	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15
22.	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21.	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ \$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21.	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	20c. 20d. 20e.	\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ +\$ \$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15
2	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income.	20c. 20d. 20e. 21.	\$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15 6,062.94
	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	20c. 20d. 20e. 21.	\$ \$ +\$ +\$ +\$ +\$ +\$ +\$ \$ \$ \$ \$ \$ \$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15 6,062.94 5,377.97
:: : : : : : : : : : : : : : : : : : :	20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: SSI disability backed out per In Re Ranta Gym Membership Service Dog Insurance Service Dog food and care Youtube Sirus XM On Star Government Vacation Rewards Membership Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income.	20c. 20d. 20e. 21.	\$ \$ +\$ +\$ +\$ +\$ +\$ +\$ \$ \$ \$ \$ \$ \$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15
2	Add lines 4 through 21. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 (20c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. Calculate your monthly expenses from line 22c above.	20c. 20d. 20e. 21.	\$ \$ +\$ +\$ +\$ +\$ +\$ +\$ \$ \$ \$ \$ \$ \$	0.00 0.00 1,082.00 80.00 75.00 175.00 11.99 37.44 34.36 107.15 6,062.94 5,377.97
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Fill in this in	formation to identify your	case:			
Debtor 1	Esther Evonne Pu				
D 1. 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
			_		
United States	Bankruptcy Court for the:	DISTRICT OF MARYLAN	D		
Case number	r				
(if known)				☐ Check if	this is an
				amended	l filing
Declaration of two married You must file obtaining moyears, or both		r, both are equally respond le bankruptcy schedules on connection with a bankr	sible for supplying corre		
Did you	pay or agree to pay some	one who is NOT an attorn	ey to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes	s. Name of person			Attach Bankruptcy Petition Prep Declaration, and Signature (Office	
	enalty of perjury, I declare are true and correct.	that I have read the summ	ary and schedules filed	l with this declaration and	
X /s/ F	Esther Evonne Purvis		X		
	her Evonne Purvis		Signature of D	Debtor 2	
Sign	ature of Debtor 1				
Date	July 25, 2019		Date		
					

Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MARYLAND Case number (if known) Check if this amended filii Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corn information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name annumber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ilived there Spokane, WA 99223 May 2015- April 2017	ebtor 1	Esther Evonne F	urvis			
United States Bankruptcy Court for the: DISTRICT OF MARYLAND Case number (If known) Check if this amended filit Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corr normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before . What is your current marital status? Married Not married Not married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there 3816 E. 58th Lane Spokane, WA 99223 From-To: May 2015- April 2017			*** ***	Last Name		
United States Bankruptcy Court for the: DISTRICT OF MARYLAND Case number (if known) Check if this armended filin Difficial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy De as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corriformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name an unber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married Not married During the last 3 years, have you lived anywhere other than where you live now? Debtor 1 Prior Address: Dates Debtor 1 lived there 3816 E. 58th Lane Spokane, WA 99223 May 2015- April 2017 27390 Log Cabin Road Prom-To: Same as Debtor 1 Same as Debtor 1		ng) First Name	Middle Name	Last Name		
Case number Check if this amended filin Check if this amended				2001110		
Check if this amended filir Official Form 107		. ,		_		
Difficial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Let as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying corresponding to the top of any additional pages, write your name an umber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there 1 lived there 1 lived there 2 Same as Debtor 1 Same as Debtor 1 Same From-To: Same From-To: Same as Debtor 1 Same Spector 1		ber			☐ Check if this is an	
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Salisbury, MD 21801 Same as Debtor 1 Same as Debtor 1 From-To:	What is what i	Give Details About Your Mais your current marital statu Married Not married g the last 3 years, have you lo Yes. List all of the places you list or 1 Prior Address: 6 E. 58th Lane kane, WA 99223 10 Log Cabin Road Sbury, MD 21801	ved in the last 3 years. Do not incl Dates Debtor 1 lived there From-To: May 2015- April 2017 From-To:	e you live now? ude where you live now. Debtor 2 Prior Address: Same as Debtor 1	lived there ☐ Same as Debi From-To: ☐ Same as Debi From-To:	or 1
418 W. COllege Ave From-To: Same as Debtor 1 Same Salisbury, MD 21801	What i	Give Details About Your Mais your current marital statu Married Not married g the last 3 years, have you No Yes. List all of the places you list or 1 Prior Address:	s? lived anywhere other than where ved in the last 3 years. Do not incl Dates Debtor 1 lived there From-To:	e you live now? ude where you live now. Debtor 2 Prior Address:	lived there ☐ Same as I	

Case 19-20007 Doc 1 Filed 07/25/19 Page 35 of 48

Case number (if known)

	□ No. □ Yes	Go to line				the total amount vou
6. A	No. Neither D individual	ebtor 1 nor primarily for	2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol ore you filed for bankruptcy, di	umer debts. Consumer debts Id purpose."		01(8) as "incurred by an
Part 3	List Certain Pa	ayments You	u Made Before You Filed for	Bankruptcy		
	ne calendar year be lary 1 to December		Social Security Benefits	\$9,026.00		
	ast calendar year: lary 1 to December	31, 2018)	Social Security Benefits	\$25,272.00		
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
□	No ■ Yes. Fill in the d	etails.				
Ir a w	nclude income regard nd other public bene rinnings. If you are fi	dless of whet fit payments ing a joint ca	ne during this year or the two ther that income is taxable. Exa ; pensions; rental income; inter use and you have income that you	amples of other income are a rest; dividends; money collec- you received together, list it o	limony; child support; Social S ted from lawsuits; royalties; an only once under Debtor 1.	
			☐ Operating a business		☐ Operating a business	
	ne calendar year: ıary 1 to December	31, 2015)	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
	ne calendar year: ıary 1 to December	31, 2016)	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
	ne calendar year be lary 1 to December		☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			Debtor 1		Debtor 2	
	NoYes. Fill in the d	etails.				
If _	you are filing a joint		u have income that you receive			
			ou received from all jobs and a			nuar years?
	id vou have any in	come from e	employment or from operatin	a a business during this w	or or the two provious cale	n day (10040)

Debtor 1 Esther Evonne Purvis

Case number (if known)

			ve primarily consumer d d for bankruptcy, did you		al of \$600 or more?	?		
	□ _{No.}	Go to line 7.						
	■ Yes	List below each credite	or to whom you paid a tot domestic support obligatio uptcy case.					
	Creditor's Name and	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	nyment for	
	Santander Consul Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76		July	\$1,000.00	\$10,419.00	☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	ard payment s or vendors	
7.	Insiders include your r of which you are an of	elatives; any general pa ficer, director, person in	cy, did you make a payn rtners; relatives of any ge control, or owner of 20% 1 U.S.C. § 101. Include p	eneral partners; partners or more of their voting	erships of which yo g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for	
	■ No							
	☐ Yes. List all paym	nents to an insider.						
	Insider's Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.							
	No							
	☐ Yes. List all paym Insider's Name and	nents to an insider Address	Dates of payment	Total amount	Amount you still owe	Reason for	this payment	
Do	t 4: Identify Legal A	Actions, Repossession	as and Faraslasuras	paid	Still Owe	molade crea	iitoi s name	
9.	Within 1 year before	you filed for bankruptoncluding personal injury tract disputes.	cy, were you a party in a cases, small claims actio					
	Case title Case number		Nature of the case	Court or agency		Status of th	e case	
10.		you filed for bankruptond fill in the details below	cy, was any of your prop N.	perty repossessed, f	oreclosed, garnis	shed, attached	d, seized, or levied?	
	■ No. Go to line 11 □ Yes. Fill in the inf							
	Creditor Name and		Describe the Property	/	Date		Value of the	
			Explain what happene	ed			property	

Debtor 1 Esther Evonne Purvis

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Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amount accounts or refuse to make a payment because you owed a debt?						
	No					
	Yes. Fill in the details.	Б.	and the discount of the second second	Data antian man	A	
	Creditor Name and Address	De	scribe the action the creditor took	Date action was taken	Amount	
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or		as any of your property in the possession of an a er official?	ssignee for the bene	fit of creditors, a	
	■ No □ Yes					
Pai	rt 5: List Certain Gifts and Contribution	s				
13.	Within 2 years before you filed for bankr	uptcy, c	did you give any gifts with a total value of more th	nan \$600 per person?	•	
	No					
	Yes. Fill in the details for each gift.	_		_		
	Gifts with a total value of more than \$60 per person	0	Describe the gifts	Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankr	uptcy, c	did you give any gifts or contributions with a tota	I value of more than	\$600 to any charity?	
	■ No□ Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that to more than \$600 Charity's Name	otal	Describe what you contributed	Dates you contributed	Value	
	Address (Number, Street, City, State and ZIP Code	e)				
Pai	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster	
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the loss	Date of your	Value of property	
	how the loss occurred		the amount that insurance has paid. List pending nee claims on line 33 of Schedule A/B: Property.	loss	lost	
Paı	t 7: List Certain Payments or Transfers	s				
16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay of consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required.					ty to anyone you	
	_	·		, , ,		
	✓ No✓ Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any property	Date payment	Amount of	
	Address Email or website address Person Who Made the Payment, if Not Y	ou.	transferred	or transfer was made	payment	
	Law Offices of David L. Ruben 7310 Ritchie Highway 704		Attorney Fees		\$895.00	
	Glen Burnie, MD 21061 sue@rubenlaw.com					

Debtor 1 Esther Evonne Purvis

Debtor 1	Esther	Evonne	Purvis
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Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.					
	Yes. Fill in the details. Person Who Was Paid Address	transferred		Date payment or transfer was made	Amount of payment	
	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers madinclude gifts and transfers that you have already I	siness or financial affai e as security (such as th	rs?			
	■ No □ Yes. Fill in the details.					
	Person Who Received Transfer	Description and va	due of	Doscribo	any proporty or	Date transfer was
	Address	Description and va			any property or s received or debts change	made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No	ey, did you transfer any ection devices.)	property to a s	self-settled tr	ust or similar device o	f which you are a
	Yes. Fill in the details.					
	Name of trust	Description and va	lue of the prop	erty transferi	red	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Sto	rage Units		au
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accoun	ts; certificates	of deposit; sl		,
		ast 4 digits of account number	Type of account instrument	clo me	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea	ar before you filed for	bankruptcy, an	y safe deposi	it box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	ear before y	ou filed for bankruptcy	/?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hat to it? Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
		outo and En Code)				

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Jedului i	csmer	rvonne	PUI VIS

Case number (if known)

Par	t 9: Identify Property You Hold or Control for S	Someone Else				
23.	23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.					
	No					
	Yes. Fill in the details.		_			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value	
Par	t 10: Give Details About Environmental Informa	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law,	whether you now own, operate,	or utilize it or used	
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s was	ste, hazardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	n the	y occurred.		
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	und	er or in violation of an environm	ental law?	
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.					
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case	Status of the case	
Par	t 11: Give Details About Your Business or Con	nections to Any Business				
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
	■ A partner in a partnership					
	☐ An officer, director, or managing execut	ive of a corporation				
	☐ An owner of at least 5% of the voting or	equity securities of a corporation				

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Debtor 1 Esther Evonne Purvis	Ca	ise number (i	if known)
■ No. None of the above applies. Go to F	20rt 12		
	in the details below for each business.		
Business Name Address	Describe the nature of the business		· Identification number clude Social Security number or ITIN.
(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	DO HOL III	cidde Social Security Humber of Triis.
		Dates bus	siness existed
Allen Develpment LLC	Business Services and Commerce	EIN:	none
418 W. College Ave		From-To	2017-present (not operating/no
Salisbury, MD 21801			income)
■ No □ Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Part 12: Sign Below			
I have read the answers on this Statement of Finare true and correct. I understand that making a with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Esther Evonne Purvis Esther Evonne Purvis	false statement, concealing property, or o	btaining mo	oney or property by fraud in connection
Signature of Debtor 1			
Date July 25, 2019	Date		
Did you attach additional pages to <i>Your Stateme</i> ■ No □ Yes	ent of Financial Affairs for Individuals Filin	g for Bankr	uptcy (Official Form 107)?
Did you pay or agree to pay someone who is not ■ No	t an attorney to help you fill out bankruptc	y forms?	
☐ Yes. Name of Person Attach the <i>Bankru</i>	ptcy Petition Preparer's Notice, Declaration, a	and Signatur	e (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Maryland

		District of Maryland			
In re	Esther Evonne Purvis		Case No.		
		Debtor(s)	Chapter	7	
VERIFICATION OF CREDITOR MATRIX					
The abo	ove-named Debtor hereby verifies that t	he attached list of creditors is true and c	orrect to the best	of his/her knowledge.	
Date:	July 25, 2019	/s/ Esther Evonne Purvis			
		Esther Evonne Purvis	·		

Signature of Debtor

AAFES
Attention: Bankruptcy
Po Box 650060
Dallas, TX 75265

Amerimark Premier AmeriMark Customer Service 6864 Engle Road Cleveland, OH 44130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

City of Salisbury N2930 State Road 22 Wautoma, WI 54982

Comptroller of Maryland State Office Building 301 W. Preston Street Room 206 Baltimore, MD 21201

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Discover Financial Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850

Fingerhut Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395 First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Internal Revenue Service Insolvency Unit 31 Hopkins Plaza Room 1150 Baltimore, MD 21201

Mason Easy-Pay PO BOX 2808 Monroe, WI 53566

National Recovery Agency Attn: Bankruptcy Po Box 67015 Harrisburg, PA 17106

New York University Physician Services PO Box 415662 Boston, MA 02241

Peninsula Regional Medical Center PO Box 826874 Philadelphia, PA 19182

Providence Holy Family Hospital 5633 N Lidgerwood St Spokane, WA 99208

Real Time Resolutions Attn: Bankruptcy Po Box 36655 Dallas, TX 75235 Richmond Emerg Med Assoc, PLLC PO Box 80254 Philadelphia, PA 19101

Richmond Medical Center PO Box 11566 Newark, NJ 07101

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161

Target Attn: Bankruptcy Po Box 9475 Minneapolis, MN 55440

Valley Empire Collection Attn: Bankruptcy Po Box 141248 Spokane Valley, WA 99214